

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024184

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 277

Primary Registration District No. 4411

Registrar's No. 36

FILED JUN 26 1962

1. PLACE OF DEATH

a. COUNTY

Pike

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Bowling Green

Length of stay in lb

20 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

306 South Guivre

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pike

c. CITY
OR
TOWN

Bowling Green

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

306 South Guivre

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

WALLACE

Middle

STEVE

Last

ORF

4. DATE
OF
DEATH

Month

June

Day

17, 1962

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-28-04

9. AGE (last birthday)

57

IF UNDER 1 YEAR IF UNDER 24 HR.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

labor

11. BIRTHPLACE (City and state or country)

St. Clement, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Orf

13b. MOTHER'S MAIDEN NAME

Mary Grote

14. NAME OF HUSBAND OR WIFE

Marie Orf

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT

Address

7 Marie Grote, Bowling Green, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Peripheral Circulatory Collapse

INTERVAL BETWEEN ONSET AND DEATH

1 hr.

DUE TO (b)

Massive Hemorrhage

5 hrs.

DUE TO (c)

Carcinomatosis

5 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/24/62 to 6/17/62 and last saw him alive on 6/11/62
Death occurred at 7:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

214 W. Church, Bowling Green, Mo.

22c. DATE SIGNED

6/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-20-62

23c. NAME OF CEMETERY OR CREMATORY

St. Clement

23d. LOCATION (City, town, or county)

Bowling Green, Pike, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Harold Kirks, Bowling Green, Mo.

25. DATE RECD. BY LOCAL REG.

June 18, 1962

26. REGISTRAR'S SIGNATURE

Maidee B. Williams

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

AUG 8 1962

APR 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling Green, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.